

BETTER HEALTH FOR LIFE FROM LEHIGH VALLEY HEALTH NETWORK

# HEALTHStyle

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**Your Guide to  
Panic Disorders**

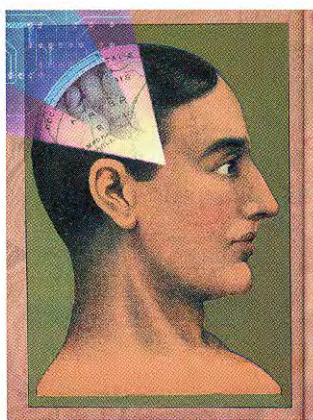
**The Kindest Cut  
of All: Minimally  
Invasive Surgery**



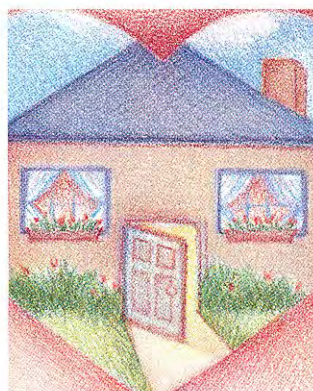
*plus: Eat Smart, HealthWatch & more ...*



Fall 1994



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# Your Guide to Panic Disorders

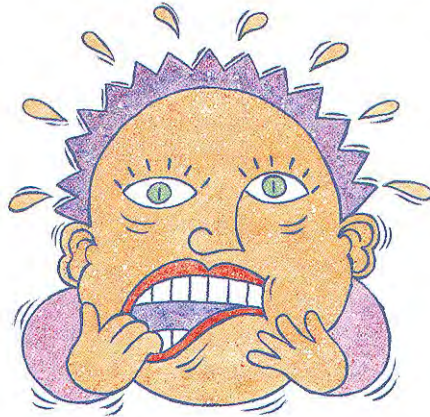
**D**uring a concert before 125,000 fans in 1967, Barbra Streisand forgot the words of a song. Before that show ended, Streisand's memory failed twice more. And the fear that history might repeat itself frightened one of the world's most popular performers from singing in public for more than 25 years.

Like some three million other Americans, Streisand was a victim of panic disorder. Often misdiagnosed and improperly treated, this major mental health problem diminishes quality of life and jeopardizes physical health and emotional stability for celebrities and star gazers alike.

Panic disorder is characterized by repeated panic attacks. These periods of intense fear, discomfort or terror usually begin suddenly, peak within 10 minutes and subside in less than one-half hour.

"Millions of people have anxiety, but it is usually limited," notes Michael Kaufmann, MD, Chair, Mental Health Center, Lehigh Valley Hospital. "It is something that we work through and overcome. We can adapt to it most of the time. Panic disorder is different. It is a very specific illness. Someone who suffers a panic attack will never forget it. It is very distinct and does not necessarily begin with anxiety."

Panic attacks can be triggered by any sensation or situation. Defined by some experts as six panic attacks within six weeks, panic disorder occurs when the fear of an attack causes changes in habits, attitudes, or lifestyle. The consequences can range from the merely inconvenient to the truly life-threatening.



BY MAUREEN HAGGERTY

## According to experts, a panic attack features at least four of the following symptoms:

- Shortness of breath
- Choking sensations
- Pounding heart
- Pain or discomfort in the chest
- Sweating
- Feeling faint
- Dizziness or lightheadedness
- Nausea or abdominal distress
- A sense of unreality
- Numbness or tingling
- Chills or hot flashes
- Trembling or shaking
- Fear of dying, losing your mind or losing control.

Football announcer John Madden has crisscrossed the country by train since his fear of flying erupted into full-blown panic attacks. At the other end of the spectrum is the sufferer in his or her 30s whose illness makes every day seem a struggle for survival.

"Panic disorder can be controlled," says Dr. Kaufmann, "but the tendency to suffer panic attacks is a life-long medical problem. Panic disorder most often affects the heart, lungs, stomach, intestines and nervous system, and a person who has panic disorder is more likely to die prematurely than someone who does not."

More than one-third of those who have panic disorder try to dull their pain with alcohol and other drugs. Almost as many develop major depression. And more than one in six is driven to suicide.

Researchers have identified both psychological and biochemical components of panic disorder. For one thing, it occurs more often in women than in men; secondly, it is most common among persons who have a heightened awareness of their own bodily functions.

"Some of these people can tell you, without taking their pulse, how many times a minute their heart beats," Dr. Kaufmann explains. "That exquisite sensitization can become a kind of sensory overload, and they become convinced that something catastrophic is about to happen."

"Folks who suffer from panic disorder also have overly active central nervous systems," Dr. Kaufmann continues. "When these people see or feel or hear or smell or imagine something they believe will harm them, their brains release



## The Guidance Program—Help for Panic Disorders

Affiliated with Lehigh Valley Hospital's Mental Health Center, The Guidance Program is a freestanding outpatient service that offers psychiatric evaluation, psychological consultation and short-term or long-term counseling for help with problems like panic disorders.

The Guidance Program is staffed by more than a dozen psychiatrists, psychologists and licensed psychotherapists, who are supported by a medical director and a program director. "Our size and diversity allow us to match patients with therapists whose personalities are compatible with their own and, more importantly, who have special expertise in dealing with the type of problem the patient has," notes Thomas W. Lane, PhD, program director of The Guidance Program.

An initial evaluation familiarizes each patient with the benefits and costs associated with treatment, and a recommended plan of care is outlined. For patients who have panic disorder, treatment usually includes both medication and therapy. "Even for patients whose panic disorder doesn't have a specific medical illness causing it, medication can relieve symptoms while therapy helps them develop new coping skills," says Dr. Lane.

"Symptoms don't always disappear completely, but this combined approach (using anti-depressants and behavior therapy) can make the problem much less intense," Dr. Lane adds. Some of the most effective therapeutic techniques include relaxation strategies and methods of altering destructive behaviors by identifying situations in which panic attacks are likely to occur. Such techniques can assist patients in calming down and coping more effectively with the panic.

"If the panic attack recurs or is intense," he notes, "the best thing to do is to seek consultation from a mental health professional."

**For more information about any of the services provided by The Guidance Program, including help for panic disorders, call (610) 402-CARE.**

chemicals that perpetuate this vicious cycle of apprehension, dread and avoidance."

Ritual behaviors can actually reinforce the problem they're meant to resolve. "Panic attacks rarely last for more than a few minutes," Dr. Kaufmann points out. "But if you convince yourself that your attack subsided because you turned on the lights or put your hand on the back of a chair, your panic will be that much worse if you have an attack when you're not anywhere near a light switch or a chair."

Low blood sugar, thyroid imbalance and other endocrine disorders, caffeine intoxication and a number of other conditions can cause symptoms much like those of a panic attack. For that reason, Dr. Kaufmann advises ruling out a medical condition as the source of symptoms.

Treatment for panic disorder may combine anti-depressant medication for relief of severe symptoms, behavior therapy and cognitive behavior therapy. The goal of these therapies is to help patients discover new responses to panic; assist them in understanding what happens during a panic attack and help them to realize why the

outcome they envision is not likely to occur. Treatment is most effective when initiated before depression or substance abuse compounds the problem and results in remission of symptoms in at least 85 percent of patients.

Dr. Kaufmann is currently studying the link between panic disorder and other illnesses, focusing on the quantity and quality of medical care, including patient evaluations by physicians and therapists and the way illness affects quality of life. Research studies have already revealed dramatic improvements among panic disorder patients who receive treatment.

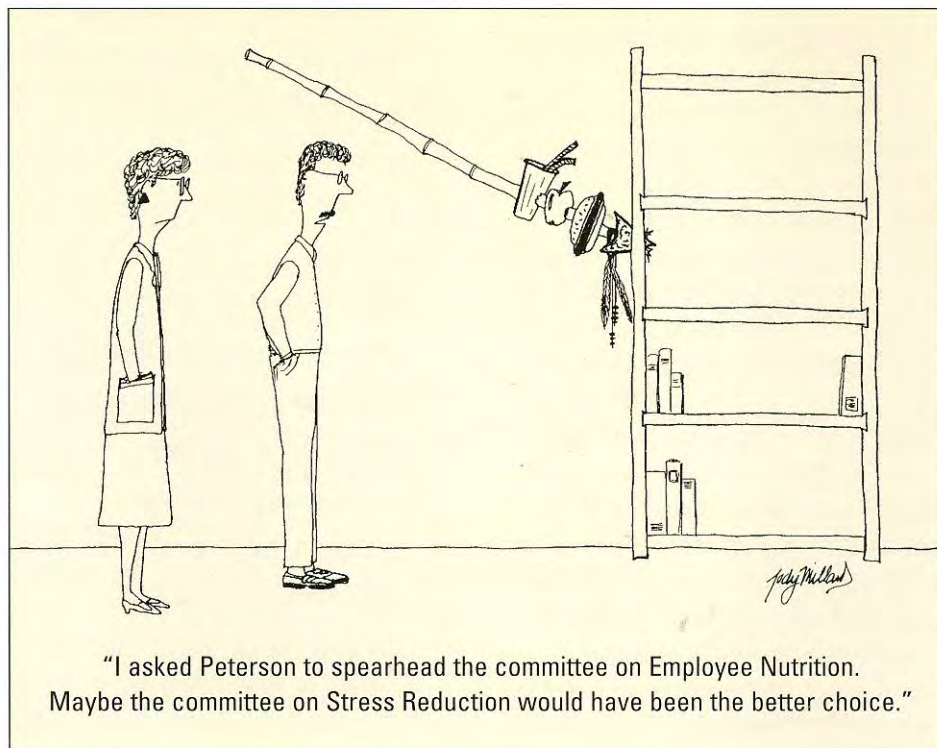
"We're talking about people who suffer," Dr. Kaufmann observes. "People who are barely able to function at work or as part of a family. To be suddenly relieved of this overwhelming burden changes their lives dramatically. It releases them to be themselves."

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*Maureen Haggerty is a medical writer based in the Philadelphia area.*

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## funny bone





## Lois Stein:

"I've never been one to let things get to me. If I have stress, I go dig in the garden and work it off."



Lois Stein

Loneliness, depression and physical fragility are commonly thought of as the inevitable consequences of aging, but this does not have to be the case. Adequate exercise, proper diet and mental well-being have long been the keys to good health, and these factors become increasingly important as we age. By putting them into practice, many Americans are enjoying longer lifespans than ever before. Allentown resident Lois Stein is certainly a case in point. At the age of 80, her "healthstyle" has enabled her to continue living life to the fullest.

At present, she rises early each morning to take part in a seven o'clock exercise class, sponsored by Lehigh Valley Health Network's Health Promotion and Disease Prevention Department. From step aerobics to country line dancing, the class explores different types of movement, and Lois enjoys interacting with others in her class. "I love to start my day this way," she says. "Being with people gets you off to a good start."

Involvement in exercise and social interaction is always important, but it's even more necessary as we age. Exercise keeps us flexible and aerobically fit, and socializing staves off isolation. Many people fail to recognize loneliness as a health issue. However, according to a recent article in *Nursing Times*, loneliness may be caused by health problems or may contribute to them.

The aged are more susceptible to loneliness and depression due to severe stressors that arise from end-of-life changes. The death of a spouse is an example of a severe stressor, and depression commonly follows such an event. However, with the right combination of activities and, when needed, appropriate medical counseling, the elderly can rebound from such events to enjoy active and fulfilling lives.

With the death of her spouse, after 50 years of marriage, Mrs. Stein drew on her experiences and "kept busy," helping herself through a difficult transition. In the four years since she's been widowed, she's adjusted to living on her own by remaining active in volunteer activities, exercising, eating right and maintaining ties to a core group of friends that includes people she has known since high school.

"I've been lucky," she comments, "no serious illnesses." But there is growing medical evidence that luck has less to do with health and longevity than with following a lifestyle similar to Mrs. Stein's. A recent study published in *Epidemiology* provides evidence that human interaction is necessary for good health.

Exercise is also important for longevity, and Mrs. Stein's involvement in physical activity comes easily to her. She has participated in various sports since she was young, particularly tennis and bicycling, and it has always been a natural part of her life. She also enjoys gardening—not only for the physical activity, but because it's sustaining. "I've never been one to let things get to me," she comments. "If I have stress, I go in the garden and work it off."

Her love of gardening stems from the small "weekend" farm in Zionsville she and her husband used to run. By eating right, with plenty of fresh vegetables and fruit, and incorporating physical activity into her life, Mrs. Stein has avoided many of the pitfalls that can befall us as we age—especially those of women who have neglected to participate in adequate exercise and calcium intake throughout their lives.

In their post-menopausal years, such women risk suffering from osteoporosis—a general term for describing a specific disease process that results in the reduction of bone mass. Dean F. Dimick, MD, director of Lehigh Valley Hospital's endocrine testing station, who has studied osteoporosis, recommends that "you spend 30 minutes walking, every other day, for your entire life. And push yourself a little; don't just stroll along." Even for those individuals not susceptible to osteoporosis, the good muscle tone and flexibility gained through regular exercise can provide great health benefits.

Mrs. Stein is certainly living proof of this statement. When asked for her advice to others for living a healthy lifestyle, she has a ready answer: "Keeping busy is the secret of being contented; that, and doing things for others."

### The Exercise-Osteoporosis Connection

Nearly 1.3 million fractures—many of the hip and spine—were attributed to osteoporosis last year. Researchers are still arguing over what kind of exercise is best; how much, and for whom. When it comes to prevention, the best known facts are these:

1. Weight bearing exercise appears to be the most effective. Dean F. Dimick, MD, director of Lehigh Valley Hospital's endocrine testing station, who has studied osteoporosis, recommends walking and dancing, in particular. Swimming, although very healthy for overall aerobic conditioning, does not put any stress on the bones, and consequently has little effect on bone mass.

2. Exercise is particularly effective at preventing or reversing bone loss when combined with increased calcium intake, and, in moderate to severe bone loss cases, estrogen.

3. Preventive measures should begin in the teenage years, when bones are still forming, and continue throughout one's adult life.



# "Valley Preferred": A Design for Employee Healthcare

by Sharon P. Bernstein

In the film *Forrest Gump*, the title character recalls advice his mother once gave him: "Life is like a box of chocolates. You're never quite sure what you'll get." Fortunately, for Blommer Chocolate Company, Inc., a Chicago-based company that employs 90 people at its East Greenville, Pa. plant, its search for a Lehigh Valley area employee healthcare provider wasn't so chancy. "We decided to pursue a preferred provider organization [PPO] to help us control costs," remarks Martin Krueger, vice-president at Blommer. "And when we surveyed what was available, we found that *Valley Preferred* was by far the furthest along in this area and offered the best means of meeting our goals."

Chere Redner Kelley, vice-president of human resources at Redner's Markets, Inc., another *Valley Preferred* client, concurs: "We selected *Valley Preferred* because we were looking for cost-effectiveness and quality. It was the first of its kind [PPO] in the area."

*Valley Preferred* began serving clients in July 1994 as a preferred provider organization. Typically, a PPO is made up of a group of physicians and/or hospitals who contract with an employer to provide healthcare services to its employees. In *Valley Preferred's* case, it was created in equal partnership by Lehigh Valley Health Network (home to Lehigh Valley Hospital) and more than 480 area physicians. Christening themselves Lehigh Valley Physician Hospital Organization, Inc. (LVPHO) this team developed and continues to market and administer *Valley Preferred*.

As a PPO, *Valley Preferred* differs from other managed care entities by offering its clients a *provider-driven* healthcare network—its physicians are involved directly in care management decisions. This is not always the case in other plans where the individuals responsible for these functions have no specialty training in the field or are not healthcare professionals.

Employers and employees alike prefer this physician-direct involvement, and it's just one reason why the *Valley Preferred* network is growing. Soon the PPO will be able to serve more people as other hospitals (including Grand View Hospital, Milton S. Hershey Medical Center, Gnadon Huetten Memorial Hospital, Hazleton General Hospital and Hazleton-St. Joseph Medical Center) and additional area physicians join the network.

"*Valley Preferred* has caught on rapidly,"

explains Gregory G. Kile, executive director of LVPHO, "because it offers quality healthcare to employers while at the same time enabling employees to maintain their freedom to choose their physicians and play an active role."

"In addition," he adds, "its benefits consultants work with clients to tailor health plans to meet their cost and coverage goals."

According to Martin Krueger, at Blommer this close relationship is paying off. "We expect to enjoy significant savings through a reduction in the annual premium we pay to our catastrophic loss carrier—and we'll be enjoying other savings, as well."

Blommer's healthcare costs depend upon employee use of the plan, and here the savings are already apparent. Instead of

being responsible for 20 percent of their first \$5,000 of medical expenses a year under their previous plan, Blommer's *Valley Preferred* members will now pay 10 percent, or a maximum of \$500 per year.

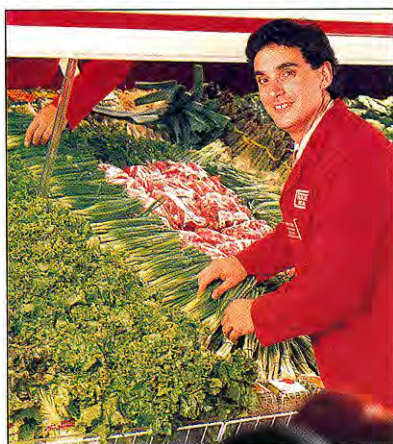
Chere Redner Kelley reports similar reductions in healthcare costs. "Our employees are very happy," she reports. "Under this plan their co-payment expenses will be cut in half, and they will have the opportunity to save additional costs."

*Valley Preferred* emphasizes preventive care through the development of an ongoing relationship between covered individuals and their primary care physicians. It's also capable of providing preventive care programs to help employees achieve a better state of health. With preventive care, employers can benefit from the cost savings accrued by employees who have less illnesses, injuries and absences from work.

The co-medical directors of *Valley Preferred* are Jack A. Lenhart, MD, and John S. Jaffe, MD, and, according to Gregory G. Kile, it is this kind of physician involvement that distinguishes *Valley Preferred* as a quality healthcare provider.

*Valley Preferred* also offers claims administration services, as well as care management coordination, quality assurance and utilization review. The case management committee reflects the PPO's commitment to physician involvement—it is chaired by Lawrence Levitt, MD, and includes 17 physicians.

"*Valley Preferred* emphasizes effective care management because it is the single most important element in controlling the rate of increase in healthcare costs for employers," notes Kile. "Through this program, we can ensure that patients receive the maximum benefit and value from healthcare dollars expended on their behalf while maintaining the quality of care received."



Employees at Redner's Markets, Inc. enjoy the freedom of choice, cost-savings and physician involvement that *Valley Preferred* offers.

Sharon P. Bernstein is a healthcare writer based in Allentown, Pennsylvania.



## Jack Creek Steakhouse and Cantina

by Jane Ziegler, MS, RD and Judi Thieme

As recent media flashes have been warning, old-fashioned Mexican food can be a hard sell to those of us trying to follow heart-healthy dietary guidelines. Traditional “Mexican” cooking enjoyed by American diners generally uses a lot of lard, meat stocks, high-fat cheeses and deep-fat frying. Side dishes are often accompanied by *guacamole* and sour cream toppings, also high in fat content.

However, a newly emerging cuisine, known as “Tex-Mex Lite,” might offer the occasional, healthier compromise many critics are looking for. By eliminating deep-fat frying and adding grilled or roasted lean meats and seafoods, similar flavors and tastes can be created. Rice and beans still have a place (they make a complete protein when combined!), but they are no longer partnered with lard, sour cream and gobs of melted cheese.

A local dining alternative to traditional “Mexican” cooking, can be found at *Jack Creek Steakhouse and Cantina*, located at 1900 Catasauqua Road, Allentown, Pa. Here, one can find both delicious and heart-healthy menu selections without blowing a week’s worth of one’s fat budget.

We began our “south of the border” experience by ordering non-alcoholic margaritas. By omitting the alcohol and requesting a salt free rim, we were able to fit this delicious and frothy drink into our evening’s eating plan. If you are still thirsty after having one, we recommend that you try a sparkling water with a twist of lime.

Our waitress graciously arrived with a steaming basket of “prepared on the premises” flour tortillas and a dish of whipped honey butter. They were delicious, but it would be best to try eating only one and have it plain.

Since we counted the tortillas as our appetizers, we thought it best to skip over

the Hot Santa Fe Chile Poppers, *Quesadillas* and Mucho Macho Nachos—all of which were loaded with fat and calories way over our allotted budgets.

After studying the menu, we both opted to pass on the sauce-laden burritos and enchiladas, as well as the deep-fried *chimichangas*, and headed straight for the lighter entrees featured under the section Tex-Mex Specialties. Jane chose the “Mango Shrimp Dinner,” while Judi chose the “Fajita for One.” Both were served with a side of Mexican Rice, *Pico de Gallo* and *Borracho* Bean Soup. Let’s analyze those side dishes first.

The Mexican Rice was not fried but was simmered in a chicken broth stock. It had added carrots, green peppers, yellow corn, onions and tomatoes. Although not particularly low in fat or sodium free, this rice did provide needed fiber and vitamins. The *Borracho* [“Drunk”] Bean Soup contained whole pinto beans. The traditional ingredient used in the broth—beer—was not included in *Jack Creek’s* version; rather it was prepared with a ham stock base. While it was delicious, it would be best to eat the whole beans and leave some of the broth behind. The relish, *Pico de Gallo* [“Rooster’s Beak” because of its sharp, piquant taste], is made with *cilantro*, chopped tomatoes, onions and *jalapeño* peppers. This fat free relish is wonderful to add to most any dish

you choose. It, too, provides fiber and vitamins!

Back to the main course . . . Mango Shrimp. The fresh mango *salsa* was colorful and hot, yet sweet, and complimented the mesquite flavor of the skewer of grilled shrimp. Please ask the chef to hold off on brushing the shrimp with lime butter. Instead, request that the shrimp be sprinkled with lime or lemon juice.

Judi’s entree—“Fajita for One”—was served on a sizzling platter decorated with *jalapeño* peppers. The *fajita* filling Judi selected was marinated, lean, tender strips of aged beef. The beef portions were more than enough for one and could even be billed “Fajitas for Two”! When Judi assembled her *fajitas*, she did pass on the sour cream and *guacamole* toppings. If you must indulge, do so sparingly!

The dessert menu, although short, sweet and tempting, did not offer a light enough choice for the health-conscious consumer. It is our recommendation to skip dessert and either have a steaming cup of decaffeinated coffee or, if you haven’t started your evening off with a non-alcoholic margarita, try ending with one!

*Jane Ziegler, MS, RD serves as director, Clinical Nutrition Services, Lehigh Valley Hospital, and Judi Thieme as Nutrition Program Coordinator, Health Promotion and Disease Prevention Department, Lehigh Valley Hospital.*

### How to Savor the Flavors Without the Fat: MEXICAN CUISINE

#### Fine Any Time

Mesquite-grilled chicken, seafood or lean cuts of beef or pork, especially with fresh *salsa*; *fajitas* or *tacos al carbon*, especially seafood (hold the sour cream); bean or vegetable burritos; soft tacos.

#### Go Easy On

Tortilla chips and nachos; *guacamole*; fried dishes, such as *chimichangas*, hard-shell tacos, *flautas*, *taquitos*; tamales, *quesadillas*, cheese enchiladas, and *chile con queso*; dishes with *poblano* aioli (chile mayonnaise) or *cilantro* pesto (nuts and oil); refried beans (ask for whole, unmashed beans)



**S**urgery without scalpels? It's not the norm yet. But it's not a science-fiction fantasy either. In just five short years, an innovation called *minimally invasive surgery* has transformed the way surgeons operate—letting them reduce bleeding, pain, hospitalization, recovery times, and costs . . . by cutting less.

At Lehigh Valley Hospital, a steadily growing number of operations are now being done with select patients. A long, thin telescope or *laparoscope*, attached to a video system, is inserted through a small incision to allow the surgeon to view a patient's abdomen on a screen.

Small additional incisions are used to insert instruments used for the procedure. And while these new laparoscopic operations are more challenging both to learn and to perform than conventional "open" surgery, they are returning significant benefits both to patients and to our healthcare system.

By eliminating the large incisions that surgeons traditionally need to see clearly and maneuver instruments, laparoscopic surgery minimizes pain, improves cosmetic results and speeds the patient's return to full activity. The length of stay at the hospital is minimized, and patients feel better sooner.

## A fraction of the pain and recovery time...

Perhaps the most dramatic example of these benefits is the phenomenal rise of laparoscopic *cholecystectomy*, or gallbladder surgery. Introduced to the United States in mid-1988, laparoscopic procedures now account for more than 85 percent of all gallbladder operations. (Little wonder, since they replace a notoriously painful six-inch incision with four "Band-Aid" punctures less than half an inch in diameter.)

Through the first puncture, surgeons gently inflate the abdomen with carbon dioxide. Through the same opening they insert the long narrow *laparoscope* itself—a precision fiber-optic viewing device connected to a high-resolution video camera that delivers a magnified image of the gallbladder and surrounding organs to a monitor in the operating room.

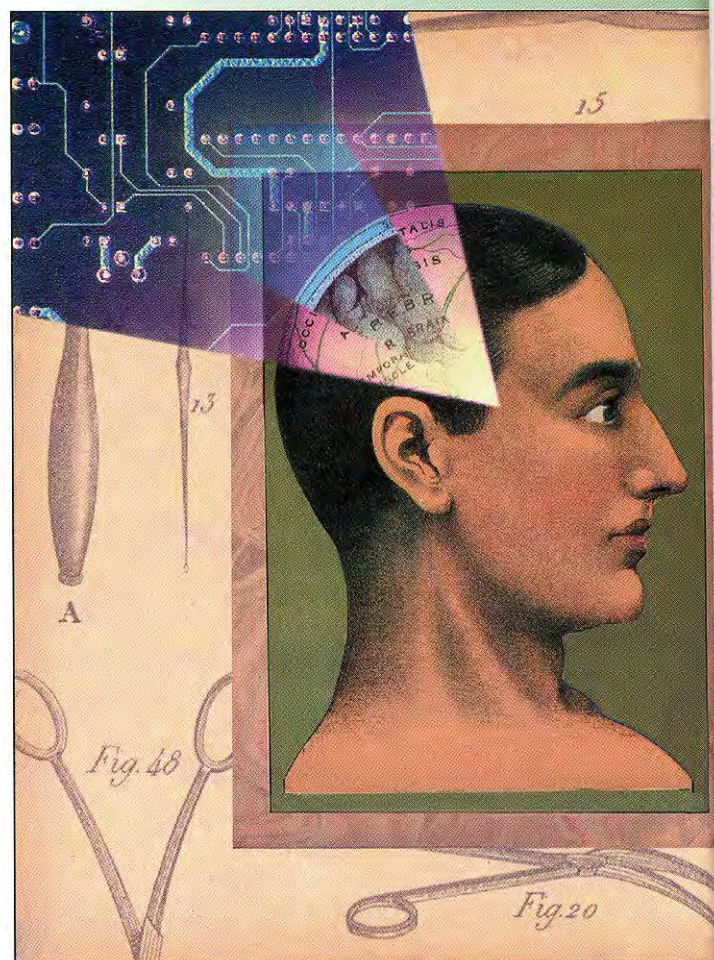
Then, as an assistant directs the camera, the surgeon manipulates the instruments to clip blood vessels and dissect free the gallbladder, which is removed through the belly button. The operation typically involves an overnight stay but may be performed on an outpatient basis. In most cases, patients go home the next morning with only modest pain and four tiny scars to show for their experience. Hernia patients are also benefiting from new laparoscopic procedures carrying only a fraction of the pain and convalescent time of conventional open operations.

Hernia repairs have been performed on an outpatient basis for the last few years, but the laparoscopic approach allows the patient to return to normal activities much more quickly.

"While every patient may not be a candidate for laparoscopic repair, selected patients achieve excellent results," says Lehigh Valley Hospital surgeon Richard Boorse, MD. "With the new laparoscopic procedures, patients have considerably less pain and are usually back to work in one to two weeks rather than six weeks."

Does laparoscopic surgery also save money? According to a recent article in *The New England Journal of Medicine*,

# MINIMALLY INVASIVE SURGERY

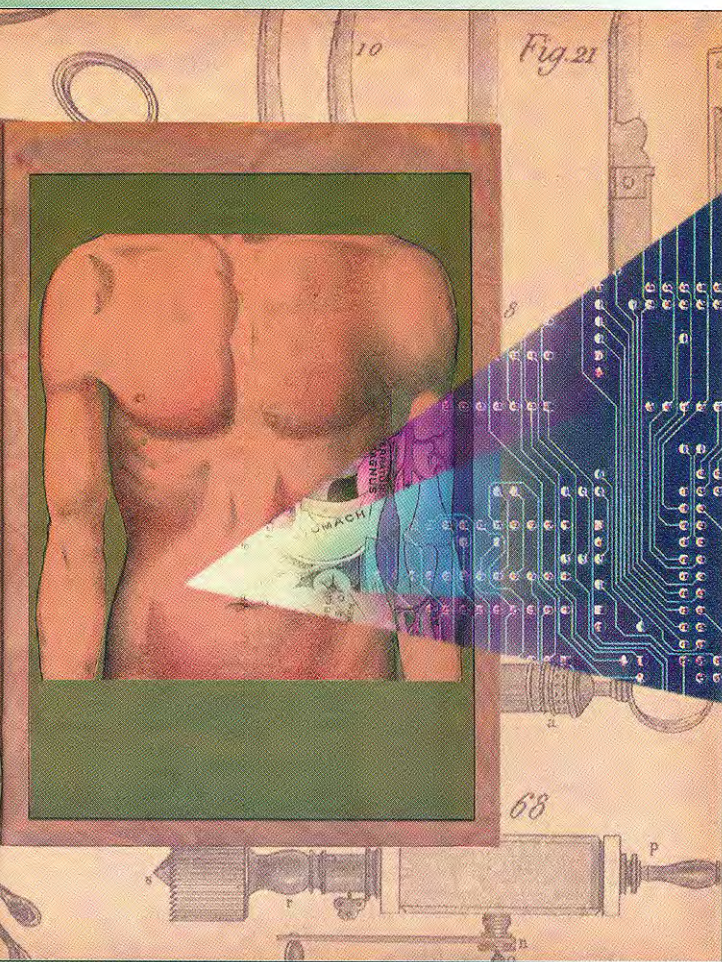


## The Kinds

BY BRU



# MALLY SIVE GERY



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"Measuring direct costs alone may not reflect a main benefit of laparoscopic operations—that is, that it decreases indirect costs to society by returning patients to the work force more rapidly."

Dr. Boorse agrees: "While the initial costs to provide laparoscopic surgery are more, studies have demonstrated that certain laparoscopic procedures are actually less expensive than the traditional approach. If patients are returning to the work force more rapidly, that's a big savings for employers and the entire healthcare system."

In addition to performing gallbladder and hernia surgery, Lehigh Valley Hospital surgeons also routinely undertake laparo-

scopic appendectomies, hysterectomies, removal of bowel tumors and operations for ulcers and for relief of heartburn. Dr. Boorse believes this is just the beginning.

"Researchers are constantly looking at more ways to use this advanced procedure," he observes. "Currently, Lehigh Valley Hospital is one of several institutions participating in a nationwide study investigating the benefits of laparoscopic surgery for colon cancer."

Laparoscopy is not the only area where new techniques and technologies are creating better outcomes for patients who require surgery. Consider Lehigh Valley Hospital's *stereotactic radiosurgery* program—where tightly

focused streams of invisible radiation are being used to treat brain tumors and other disorders *with no incisions at all*.

"Stereotactic radiosurgery does something nothing else can do," says Victor

Risch, MD, chairman of radiation oncology at Lehigh Valley Hospital. "For lesions deep in the brain—particularly those that can't be treated with conventional surgery—it can deliver extremely high-precision therapy. In effect, it functions as surgery without the scalpel."

## Stereotactic radiosurgery. . . *no incisions at all.*

"Some lesions," explains neurosurgeon, George Chovanes, MD, "are too dangerous to approach surgically. These include deep-seated tumors in critical areas of the brain and *arteriovenous malformations*—abnormal tangles of blood vessels with which some people are born, and which are dangerously prone to sudden bleeding. Stereotactic radiosurgery allows us to treat these conditions with pinpoint precision and low risk."

A complex marriage of imaging, computing and radiation technologies, stereotactic radiosurgery actually uses a very simple principle—the fact that any point in space can be precisely located by viewing it from three different angles—to find and treat brain lesions.

The *finding* is usually done with an advanced, computer-controlled CT scanner. Using a special metal frame that holds the patient's head absolutely rigid and provides reference points that can be seen in the final images, scans are taken from three or more angles.

The *treating* is done with a powerful radiation "gun" called a linear accelerator. Data from the CT scanner is fed first into a sophisticated treatment-planning computer, which analyzes it to calculate the radiation dose and location.

Finally, that information is sent to the accelerator's own computer, where it is used to guide the arcing motion of the radiation beam. The same rigid frame—

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# Home Care: Hospitals without Walls

by Deborah Epstein

It's often been said that "there's no place like home." So it's not surprising that most hospital patients regard the day of their discharge as a happy occasion—they're free to go home! But the patient's need for healthcare services rarely ends with his or her departure. From the oxygen-dependent infant to the elderly stroke survivor, discharged patients have specific healthcare needs that must be met. For some, that means receiving assistance at home, and in the Lehigh Valley, that means *Lehigh Valley Home Care*. For more than 30 years *Lehigh Valley Home Care* has provided home care services to residents of the Lehigh Valley. During this time, home care has grown increasingly sophisticated. Home care professionals can now deliver a fairly complex level of medical care to patients at home. In some cases, home care offers a high-quality, cost-effective alternative to inpatient hospitalization.

For the past decade, hospitals nationwide have been developing more and more services that offer care *outside* their traditional walls. The shift from an inpatient care focus to more cost-efficient ambulatory services has led to, among other things, an increase in home care usage.

In fact, home care generally costs about half the price of hospitalization, and savings can go as high as 90 percent. This is an important element in today's world of managed care—and managed costs. Last year alone, nearly six million patients received care in their homes. And these numbers are increasing at about 10 percent a year, according to the National Association of Home Care.

To help fill this important and growing community need, two new home care offices of Lehigh Valley Health Network opened this past July. The Tipton branch, *Lehigh Valley Home Care*, located at The Lutheran Home at Tipton, provides

for *Lehigh Valley Home Care*, comments.

In addition the network operates a nearby office. Together, these offices provide care to approximately 250 patients weekly.

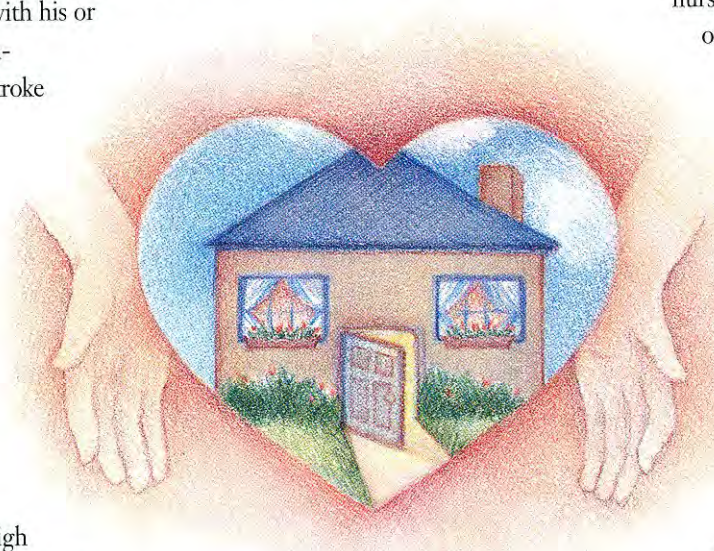
Both branches offer a wide array of home care services, including professional nurses, home health aides, physical and occupational therapy, as well as medical and social workers.

Those who use these services include: the aged or disabled who wish to live independently; terminally-ill patients who prefer to spend their remaining days at home; recently discharged patients who require further care, and those with short-term medical conditions.

The Tipton branch also provides evening nursing. "This is especially useful for patients who receive high-tech care, such as infusion therapy," remarks Cynthia Runner-Heidt, RN, director of patient care, *Lehigh Valley Home Care*. Tipton also provides services from nurses who specialize in pain management, psychiatric nursing, pediatric care, rehabilitation, wound care and ostomy care.

"Our nursing staff has extensive hospital experience," notes Dunstan. "And we make great use of computers and fax machines to effectively run our operations."

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services to mostly Berks County residents. The Stroudsburg branch, *Home Care of the Poconos*, serves primarily residents of Monroe County.

"We opened the Stroudsburg branch to meet the needs of the community after another provider closed down. We are part of the solution in meeting the community's needs," William V. Dunstan, administrator

## "Hospitals without Walls" — a number of trends have contributed to the rise of home care and a network of healthcare services:

- ◆ shorter hospital stays
- ◆ more outpatient surgery procedures
- ◆ recognition of the benefits of remaining independent
- ◆ technological advances that allow more procedures to be done in the home
- ◆ pressure from payers, such as Medicare, to contain costs without sacrificing quality of care



# "A New Life" for Casa Guadalupe

BY MARCIA RINGEL

A new Allentown health center is providing low-income women with high-quality prenatal care a short walk from home. *Vida Nueva*, "New Life" in Spanish, opened Sept. 12 in the largely Hispanic section of center city Allentown.

The health center occupies renovated quarters in the basement of the Casa Guadalupe Center at 143 Linden St., a private, nonprofit organization established 25 years ago for low-income Puerto Rican and Latino residents of Lehigh County. "Casa," as it is affectionately known, offers a vast range of programs, including social services and referrals, after-school tutoring, free hot meals for older people and classes to help prevent teen pregnancy, smoking and drug abuse.

*Vida Nueva*, recently painted a cheery white and mauve, has a separate entrance and offers patients a reception area, a large waiting room with a toy-filled corner, three

private rooms for physical exams, a laboratory and two offices for counseling. The basement space was formerly occupied by an independent visiting nurses organization. When the group left about five years ago, "the gap was obvious," remarks Gloria Negrón-Marshall, executive director of Casa Guadalupe. *Vida Nueva*, she believes, has "definitely filled it. The location is ideal."

Maria Rodriguez, who grew up in the neighborhood and now has two young children of her own, agrees. The prenatal center "will help the entire area," she says. "I think it's neat to have it at Casa. That's a popular place, where everything is."

According to Negrón-Marshall, the location is also ideal because 2,650 women and children a month come to Casa Guadalupe to take part in the federal Women, Infants, and Children program it administers. This program provides nutrition education, food supplements and counseling and testing for nutritional deficiencies. Having *Vida Nueva* housed in the same location will make access to care easier for all.

## "VIDA NUEVA" SERVICES

The center operates Monday through Thursday from 8:30 to 11:30 a.m. Any woman can walk in without an appointment for a free pregnancy test. By appointment, pregnant women can see health professionals for prenatal checkups, lab tests, dietary guidance and advice about available social services. Women with high-risk pregnancies are referred to Lehigh Valley Hospital for prenatal appointments, and a Kiwanis District 18 van transports those who need a ride. Fathers-to-be are encouraged to accompany their partners to the center and to participate in prenatal fitness and parenting classes at the hospital.

More support is provided by Joan Pirog, CRNP, a Lehigh Valley Hospital nurse practitioner specializing in obstetrics and gynecology, who is on site all four mornings, and by obstetrician-gynecologists from the hospital.

The physicians, as well as the nurse practitioner, see patients who are supervised by





Lehigh Valley Hospital's high-risk pregnancy specialists James Balducci, MD, and Robert O. Atlas, MD. A certified medical assistant and registered dietitian work at *Vida Nueva* as well.

"I really believe in community outreach because in the long run it ensures better patient outcomes," says Robert V. Cummings, MD, chairman of obstetrics and gynecology at Lehigh Valley. "The purpose of the program is to provide prenatal services in a setting that will be very comfortable for the patients socially. This kind of program can make a real difference in a community."

## COMMUNITY EFFORT

*Vida Nueva* is truly a community effort. In the past, neighborhood women haven't always sought medical care until halfway through pregnancy or later. Barriers to prenatal care ranged from frustrations with bus travel to feeling intimidated by institutions. Yet, "early entry into prenatal care and continuous care throughout pregnancy have been linked to decreasing low birth-weights and increasing healthy babies," remarks Joan Linnander, RN, who serves as Lehigh Valley Hospital's program director for the Perinatal Partnership.

"The Perinatal Partnership benefits the community, as well as the mothers and infants it serves," comments Dr. Cummings. "Prenatal care promotes healthier babies by decreasing the incidence of medical complications—such as the premature infant that needs to be cared for in a neonatal intensive care unit. This lowers healthcare costs for all."

The Partnership is an umbrella program that promotes better healthcare for mothers and babies through programs such as *Vida Nueva*. The success of the Perinatal Partnership projects depends upon community-wide assistance. The Partnership is supported by Lehigh Valley Hospital in conjunction with the Pew Charitable Trusts, the Howard Heinz Endowment, Dorothy Rider Pool Health Care Trust, Lehigh Valley Chapter of the March of Dimes, Kiwanis District 18 and

Pennsylvania departments of public welfare and health.

*Vida Nueva*'s success also depends upon its proactive approach. One of Lehigh Valley Hospital's four outreach workers is at the center during all office hours to interview new patients, follow up on missed appointments and even take pregnancy test kits to the homes of women who can't conveniently visit the center. Bilingual in Spanish and English, the outreach workers can translate as needed.

## REACHING OUT

The need for such services is great. According to national census statistics, Hispanics represent about 11.5 percent of Allentown's 105,000 residents, having doubled in size over the past eight years. Linda Kenna, a member of Casa Guadalupe's board of directors, who also works for the Allentown Health Bureau, comments: "*Vida Nueva* is in a perfect location for the women who need its services. The area surrounding Casa Guadalupe is the heart of the Latino community."

Since the beginning of the Perinatal Partnership in 1991, Lehigh Valley Hospital's outreach workers had direct contact with over 1,200 mothers, visiting women at the Sixth Street Shelter for the homeless; the Salvation Army; Pathways, which provides a food bank, housing assistance and other services; Turning Point, a shelter for abused women; and other sites. Now they have a new group of services to recommend.

"This kind of community outreach effort is an example of the type of patient service that can be achieved when a healthcare entity, like Lehigh Valley Hospital, works with organizations in the community," notes Kenna. "I hope this will be the first of several healthcare sites in the Lehigh Valley that will be developed in the future."

**Individuals or civic groups that would like to volunteer at *Vida Nueva*, either regularly or just for a special project, may call (610) 402-CARE.**

*Marcia Ringel has written about healthcare for the New York Times and many other publications.*

## HOME CARE

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But, despite new technologies, home care remains centered on the *caring* aspects of care. Consider these true life *Lehigh Valley Home Care* situations:

◆ The patient—a young woman paralyzed by an auto accident—wanted very much to spend a week on the Jersey shore. It seemed impossible, however, since she was receiving important medical care in her home. Her *Lehigh Valley Home Care* nurse promptly contacted another agency in New Jersey. Arrangements were made for the patient's care, and the woman was able to take her dream vacation.

◆ A *Lehigh Valley Home Care* aide went above and beyond her normal duties to help an older female patient. The woman kept tripping over her bathrobe, since it was too long. She was unable to hem it herself, so the aide did it for her.

◆ A *Lehigh Valley Home Care* aide giving care to a 68-year-old man who was bedridden happened to be in the man's home when the patient's new puppy got out. The aide chased the puppy all over the neighborhood before finally finding it and returning it to the grateful patient.

With caregivers like the ones outlined above, it's no wonder studies have shown that home care ranks high in patient satisfaction!

As Pamela K. Stasko, RN, a nursing supervisor at *Lehigh Valley Home Care*, Topton, comments, "Our commitment is to making comprehensive home health services available to all patients who need them—that includes comprehensive care and caring."

**☎ For more information about Lehigh Valley Health Network home care services call: (610) 402-CARE.**

*Deborah Epstein is an award-winning contributor to healthcare and national publications, including Redbook, Drug Topics and The Observer.*



## MINIMALLY INVASIVE

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still in place—holds the patient's head in position to ensure pinpoint placement.

So precise is this remarkable technique that doctors can surround lesions less than a quarter of an inch in diameter with deadly, high-intensity radiation, while completely protecting the normal brain tissue around it. Yet the entire procedure takes less than eight hours to complete and is virtually painless.

### Experience is especially important with newer procedures.

As one of only a handful of centers nationwide currently performing stereotactic radiosurgery—and a regional leader in laparoscopic surgery—Lehigh Valley Hospital offers patients considering such treatments the advantage of surgeons with experience in minimally invasive procedures.

Experience is especially important with newer procedures, says Dr. Boorse, pointing out that everyone now doing laparoscopic surgery started sometime within the last six years.

"Traditionally," he says, "new surgical procedures were studied in university medical centers and only slowly filtered out to the general medical community. But laparoscopic surgery worked the other way around. Once patients found out about its advantages, the demand increased, and we all had to learn quickly. So everyone today is somewhere on the learning curve—but the more procedures your physician has done, the better your outcome is likely to be."

What does the future of minimally invasive surgery look like? Even more amazing, according to Dr. Boorse. Improvements already in the works include instruments that let surgeons feel what

they're doing more sensitively, 3-D video systems that let them see more clearly and in-depth and laparoscopic "sewing machines" to simplify procedures calling for extensive suturing.

Beyond that, *telepresence*—a combination of virtual reality and high-speed data com-

In the meantime, Lehigh Valley Hospital continues to lead in surgery that hurts less and heals faster. As a center of medical education, it already offers comprehensive practical training in minimally invasive surgery to practicing surgeons, surgical residents and surgical nurses throughout



**"Stereotactic radiosurgery does something nothing else can do," says Victor Risch, MD, chairman of radiation oncology at Lehigh Valley Hospital. "In effect, it functions as surgery without the scalpel."**

munication technologies already pilot-tested by military physicians during Operation Desert Storm—may one day let surgeons advise, and even participate in, operations thousands of miles away.

### One day surgeons may advise and even participate in operations thousands of miles away.

And ultra-miniaturized *nanotechnology* may give birth to "micro-robots" that could travel through our bodies, correcting defects too small or inaccessible for any human surgeon to treat.

the region—especially through its affiliation with Pennsylvania State University's College of Medicine at the Milton S. Eshelman Medical Center. As a center of medical research, it is pioneering in the development of advanced techniques, such as laparoscopic colon repair. And as a center of medical practice, it is building a unique base of clinical experience.

"We still learn from every case," says Dr. Boorse, "but we've come so far already that we're running where other centers are just beginning to walk. Our capabilities are limited only by technological advances and by the ingenuity of physicians. With a foundation like that, the future is limitless."

*Bruce Grant is a Philadelphia-based healthcare writer.*



# Responding to Change—Building for the Future

by Elliot J. Sussman, MD • President and Chief Executive Officer, Lehigh Valley Hospital



Elliot J. Sussman, MD

Last year, more than 28,000 patients were admitted to Lehigh Valley Hospital, tens of thousands more were treated as outpatients, and we provided home care to thousands of others. Our goal is to deliver the highest quality healthcare as

efficiently and cost-effectively as possible, while ensuring our patients' satisfaction and confidence.

As we pursue this goal, we are in the midst of great changes, and I would like to explain the rationale for several of our more immediate alterations projects and reorganizations. This is your hospital, and it is vital that you understand both *what* we are doing, and *why*. Whether we care for patients in an intensive care unit or in an outpatient area, we are striving to redirect our energies and our programs to focus on you, the patient.

We expect that by the year 2000, even more healthcare will be provided on an *outpatient* basis, as exemplified by the hospital's John and Dorothy Morgan Cancer Center. This new center was designed so that the needs of our cancer center patients and their medical providers are housed under one roof, thereby improving the patient's ability to receive care. This ensures that a multidisciplinary approach by physicians and other providers can be taken. For example, patients with breast cancer have coordinated for them all the necessary input from surgeons, medical oncologists, radiation oncologists and others in planning the course of treatment so that the most informed and appropriate decisions are made.

In precisely the same way, many patients with varied medical problems, whether inpatient or outpatient, also require a multidisciplinary approach to care. In order to provide the setting and organization for this superior

medical service, the hospital's Board of Trustees recently authorized funding to continue an analysis of proposed building and renovation plans which would extend into late 1997. The plan, which includes a building project, consolidates all acute inpatient services at the Cedar Crest & I-78 site, while redesigning systems by which we care for both inpatients and outpatients. Our cost estimate for all of these changes is \$58 million. Upon completion we anticipate saving more than \$20 million annually in operating expenses (estimates provided by financial consultants Ernst and Young). By reducing approximately 25 percent in our operating expenses from 1993 to 1997, we will continue to provide our Lehigh Valley community with first-class care at a lower price.

Our plan for the future also enhances our educational and research programs. Along with our partner, Penn State's College of Medicine at the Milton S. Hershey Medical Center, we will provide our medical staff and faculty, our resident physicians and our medical students a state-of-the-art delivery system in which to practice and learn. We are committed to the belief that educational and research programs ultimately assure the best available care for our patients.

Within the next several months, hospital planning, facilities and clinical care staff will review and refine the redesign project with medical staff, employees, patients and consultants. We plan to structure a cost-efficient approach that not only improves patient care but also advances our educational and research activities. A complete outline of the project will be presented to the board for approval early in the coming year.

As we prepare for the hospital's largest building project since the construction of the Cedar Crest site in 1974, it is our objective to further our commitment to fulfill the promise of visionaries who began the work of this institution nearly a century ago.

I look forward to discussing other issues which also affect our local healthcare in future editions of *HealthStyle*. There are significant developments both in the economics of medicine and in the scientific discoveries emerging from our nation's research laboratories. We believe that these developments lend further support to the future direction at Lehigh Valley Hospital which I have outlined.

## At Lehigh Valley Hospital

In keeping with our commitment to serve the population of the city of Allentown and to continue developing Lehigh Valley Hospital—17th & Chew (17/Chew), the site will be transformed into a center primarily for ambulatory services. At the same time, plans continue to consolidate all acute inpatient services at Cedar Crest & I-78 (CC/I-78)

## Completed Projects

- Consolidation of all outpatient cancer services into one facility (November 1993, with the opening of the John and Dorothy Morgan Cancer Center) [CC/I-78](#)
- Relocation of inpatient dialysis unit from 17th & Chew (Spring of 1994) [CC/I-78](#)
- Expansion of a much-needed dental clinic supported by the dental residency program (September 1994) [17/Chew](#)

## Current Projects

- Anticipated opening of a 52-bed, sub-acute skilled nursing unit to provide lower cost, inpatient treatment for the elderly and disabled [17/Chew](#)
- Renovation to inpatient unit for region's largest obstetrics service. All obstetrics/gynecology inpatient and outpatient services to remain at site in the short-term [17/Chew](#)
- Continue to house mental health inpatients in the short term [17/Chew](#)

## Future Projects

- Creation of a hub for the hospital's developing primary care network, including a new training program in family medicine [17/Chew](#)
- Maintain emergency and outpatient clinics, and a medical office complex [17/Chew & CC/I-78](#)
- Relocation of all ambulatory surgery to 17th & Chew during the proposed three-year construction project at Cedar Crest & I-78 [17/Chew](#)
- A multi-story addition, designed with a patient-centered focus, to be built adjacent to the hospital, to house inpatient units for women's and mental health services along with ambulatory diagnostic and treatment services [CC/I-78 by late 1997](#)
- Renovation of existing patient registration, emergency department, and outpatient testing and treatment areas to accommodate a greater emphasis on ambulatory care [17/Chew](#)



Employees of Lehigh Valley Hospital distributed more than 4,700 pieces of new clothing, valued at \$27,000, to low-income hospital patients and their families. The clothing was provided by **Gifts in Kind America (GIKA)**, an organization that serves as a clearinghouse for material goods donated by major companies, in this instance, Sears.

The Dorothy Rider Pool Health Care Trust has provided nearly \$223,000 in funding to **Project Child** for a home visitor program for child abuse prevention. Families of newborns referred to the program will receive visitation services by trained paraprofessionals who will model appropriate parenting strategies and link clients with community services such as job training, counseling and housing assistance programs . . . Lehigh Valley Hospital is among 200 sites selected to participate in a heart attack prevention study sponsored by the National Heart, Lung and Blood Institute. **Nelson P. Kopyt, DO**, nephrologist, is serving as physician investigator . . .

**Stephen Klasko, MD**, Vice-Chairman, Obstetrics and Gynecology, is principal investigator of a study that can help to enhance the care of women and their children exposed to DES. DES is a synthetic hormone that was administered to pregnant women from 1941 - 1971 to prevent miscarriages. Studies have since documented its adverse effects . . .

The merger of **ABC Pediatrics and Family Pediatricians**, two pediatric practices based in Allentown, with **Lehigh Valley Physician Group, Pediatrics**, at Lehigh Valley Hospital pools the expertise of 15 general pediatricians, four neonatologists and a pediatric pulmonologist



Lehigh Valley Hospital employees worked with **Gifts in Kind America (GIKA)** to distribute new clothing to needy hospital patients and their families.

dedicated to enhancing children's health services in and outside the hospital . . .

Lehigh Valley Hospital's pharmacy staff appears in an interactive video designed to set the standard for pharmacy practice in preparing sterile products. **Greg Snyder, RPh**, assistant director of pharmacy, wrote and edited the accompanying workbook that viewers can use to test their skills in cleanroom techniques. The video has been distributed to more than 3,500 hospitals in the United States and abroad . . .

For the past seven years, Lehigh Valley Hospital has been involved in a major research study that now has confirmed the benefit of stroke prevention surgery. **John E. Castaldo, MD**, neurologist, is the hospital's principal investigator for the trial, called the **Asymptomatic Carotid Atherosclerosis Study (ACAS)**. During a press conference at the National Institutes of Health in Bethesda, Maryland, Castaldo was one of five presenters on the results of the ACAS research. Other members of the hospital's research team are **Gary G. Nicholas, MD**,

vascular surgeon and co-principal investigator; **Joan Longenecker, RN**, nurse coordinator, and **James F. Reed, III, PhD**, director of research. The hospital, which enrolled 142 subjects (more than any other center), and Penn State Hershey Medical Center were the only Pennsylvania hospitals in the trial. In all, 39 research centers in North America were involved.

**H**azleton General Hospital, Hazleton-St. Joseph Medical Center and Grand View Hospital, Sellersville, have signed agreements with **Valley Preferred** to be participating network hospitals. Valley Preferred, administered by the **Lehigh Valley Physician Hospital Organization**, is a managed care network for employers seeking a high-quality, cost-effective healthcare plan for their employees . . .

**Wayne E. Dubov, MD**, physiatrist, has been named a diplomate of the American Board of Electrodiagnostic Medicine . . . **Peter A. Keblish, MD**, chief, division of orthopedic surgery, has accepted the position of review editor for the *Journal of Orthopaedic Rheumatology* . . .



*Word of mouth  
is still the best  
way to find a  
physician.*

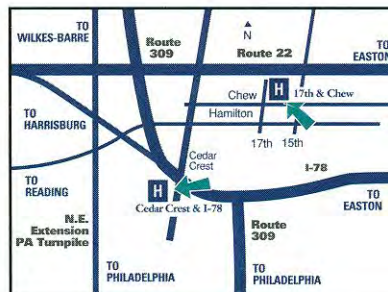


**Call (610) 402-CARE**

When looking for a doctor, you've probably turned to others. Now you can still gain the information you need, plus a whole lot more, by calling Lehigh Valley Hospital's FREE Physician Referral Service at (610) 402-CARE (610-402-2273), Monday through Friday, from 8:30 am to 4:30 pm.

The Physician Referral Service is a community service which was developed to link individuals with private physicians who have staff privileges at Lehigh Valley Hospital and are accepting new patients. When you call the service, qualified representatives are ready to speak with you about your specific referral needs.

Choosing a doctor is more than getting a name and address, and our representatives are on hand to provide you with the individual attention and information you need. In fact, when you're ready to make an appointment, your referral representative can place a conference call to the doctor's office to help with scheduling or, if you wish, you may call the doctor at your convenience. Select your care with care—call Lehigh Valley Hospital's Physician Referral Service.



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